



ASSOCIATION AUTO PAY CANCELLATION FORM

CADENCE BANK MUST RECEIVE THIS FORM BY THE 20TH OF THE MONTH PRIOR TO THE MONTH IN WHICH YOUR NEXT SCHEDULED PAYMENT IS DUE.

(I.E. IF YOUR PAYMENT IS TO DEBIT YOUR ACCOUNT ON APRIL 3RD, THE FORM MUST REACH THE BANK BY MARCH 20TH.)

MAIL TO: CADENCE BANK
C/O TREASURY MANAGEMENT SERVICES
P.O.BOX 49408
SARASOTA, FL 34230-6408

I AUTHORIZE CADENCE BANK TO CANCEL THE AUTOMATIC WITHDRAWALS FOR MY MAINTENANCE FEE PAYMENTS.

NAME (UNIT OWNER) _____

ASSOCIATION NAME _____

MANAGEMENT COMPANY (IF APPLICABLE) _____

UNIT NUMBER _____ AMOUNT PAID _____

FREQUENCY OF PAYMENT (MARK ONE) MONTHLY QUARTERLY

PHONE NUMBER _____

UNIT OWNER'S SIGNATURE _____

DATE _____

FOR BANK USE ONLY:

DATE RECEIVED _____

DATE CANCELLED _____

EMPLOYEE _____

CADENCE BANK
TREASURY MANAGEMENT SERVICES
P.O. BOX 49408
SARASOTA, FL 34230-6408
PH:1-877-329-1415 FAX:1-877-238-3303